

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90034 041 ****61.25

DOCUMENT # N95000003597

1. Entity Name
**THE RESIDENCES AT PELICAN ISLE YACHT CLUB
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
435 DOCKSIDE DR
UNIT #203
NAPLES, FL 34110

Mailing Address
435 DOCKSIDE DR
UNIT #203
NAPLES, FL 34110 US

50000584



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02292008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3347295

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMOUNCE, ROBERT C.
5405 PARK CENTRAL COURT
NAPLES, FL 34109

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Delete
NAME ELKINS, SALLY
STREET ADDRESS 445 DOCKSIDE DR. #0603
CITY-ST-ZIP NAPLES, FL 34110

TITLE PD ☐ Change ☒ Addition
NAME Craig Frane
STREET ADDRESS 435 Dockside Dr, Unit #402
CITY-ST-ZIP Naples, FL 34110

TITLE TD ☒ Delete
NAME PENDLETON, JIM
STREET ADDRESS 425 DOCKSIDE DRIVE # 605
CITY-ST-ZIP NAPLES, FL 34110

TITLE VPD ☐ Change ☒ Addition
NAME Rosemary Pofahl
STREET ADDRESS 445 Dockside Dr, Unit #802
CITY-ST-ZIP Naples, FL 34110

TITLE D ☒ Delete
NAME FOSTER, GENE
STREET ADDRESS 435 DOCKSIDE DR UNIT #401
CITY-ST-ZIP NAPLES, FL 34110

TITLE SD ☐ Change ☒ Addition
NAME Dodie Briskey
STREET ADDRESS 425 Dockside Dr, Unit #501
CITY-ST-ZIP Naples, FL 34110

TITLE VPD ☒ Delete
NAME DEAGLE, JIM
STREET ADDRESS 425 DOCKSIDE DRIVE #0801
CITY-ST-ZIP NAPLES, FL 34110

TITLE TD ☐ Change ☒ Addition
NAME Mindy Nicholas
STREET ADDRESS 445 Dockside Dr, Unit #701
CITY-ST-ZIP Naples, FL 34110

TITLE PD ☒ Delete
NAME FRANE, CRAIG
STREET ADDRESS 435 DOCKSIDE DRIVE # 402
CITY-ST-ZIP NAPLES, FL 34110

TITLE D ☐ Change ☒ Addition
NAME Gene Foster
STREET ADDRESS 435 Dockside Dr, Unit #401
CITY-ST-ZIP Naples, FL 34110

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CAM ☐ Change ☒ Addition
NAME Gil Riddell
STREET ADDRESS 435 Dockside Dr, Unit #203
CITY-ST-ZIP Naples, FL 34110

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions cc. indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Craig Frane Craig Frane

3/17/08 239-293-0882